

# TSCA DOMESTIC SHIPMENT FORM

## ***Shipper Instructions:***

Domestic shipments include the following:

- Carrying the chemical on your person or carrying it in your baggage, or
  - Shipping the chemical through the mail or express service (FedEx, UPS, etc.).
1. For domestic shipments of chemicals or samples, subject to TSCA, within the U.S. Customs Territory, complete this form and include a signed copy with the shipment.
  2. Mark the words "*Contents To Be Used For Research And Development Purposes Only*" on the outside of the shipping package.
  3. The PI and receiver shall maintain a copy of this form for three years.

## **RECEIVER (Please Note)**

The chemicals in this shipment, as indicated below, are provided to you solely for research purposes, as defined by the Toxic Substance Control Act (TSCA), CFR §720.36. All such activities involving this material, must conform to recognized prudent laboratory practices. All persons using this material must be technically qualified and informed of any known or suspected health or physical hazards. Health or physical hazards include, but may not be limited to, the information provided or referenced below.

## **SHIPMENT CONTENTS**

Attach additional sheets that identify the chemicals to be shipped. Include the following information:

☐ CAS      ☐ Structure      ☐ Formula      ☐ Lab Notebook Number

## **HEALTH OR PHYSICAL HAZARDS**

Health or physical hazards, to the best knowledge of the shipper, for the chemical material contained in this shipment: (Check all that apply; attach additional sheets if necessary.)

- ☐ Are identified by the attached MSDS.
- ☐ Are identified by the attached documentation.
- ☐ Known or expected hazards include (e.g., flammable, corrosive, carcinogen):

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- ☐ **WARNING:** The hazards associated with this material have not been fully evaluated.

Any questions regarding the chemical content or the information provided should be directed to:

Shipper's Name (please print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Shipper's Signature: \_\_\_\_\_ Ship Date: \_\_\_\_\_

Lab Group/Principal Investigator: \_\_\_\_\_

Recipient's Name/Contact Info: \_\_\_\_\_